

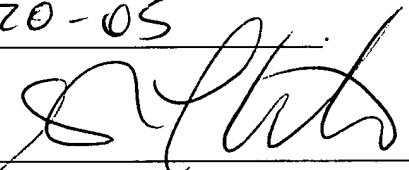


RCE  
IFW

## CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450**

on 12-20-05  
  
\_\_\_\_\_  
Jeffrey R. Kuester

In Re Application of:

Rodriguez, et al.

Serial No.: 09/558,556

Filed: April 25, 2000

Confirmation No.: 9533

Group Art Unit: 2611

Examiner: Lonsberry, Hunter B.

Docket No.: A-5703 (191930-1010)

**For: Apparatuses and Methods to Enable the Simultaneous Viewing of Multiple Television Channels and Electronic Program Guide Content**

The following is a list of documents enclosed:

Return Postcard  
RCE Transmittal Page  
Amendment Transmittal Page  
Fee Transmittal Page  
Credit Card Authorization - Authorizing \$790.00  
Response

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

**AMENDMENT TRANSMITTAL LETTER (LARGE)**Applicant(s): **Rodriguez, et al.**

Docket No.

**A-5703 (191930-1010)**Serial No.  
**09/558,556**Filing Date  
**April 25, 2000**Examiner  
**Lonsberry, Hunter**Confirmation No.  
**9533**Group Art Unit  
**2611**Invention: **Apparatuses and Methods to Enable the Simultaneous Viewing of Multiple Television Channels and Electronic Program Guide Content****Commissioner for Patents  
Mail Stop RCE  
P.O. Box 1450  
Alexandria VA 22313-1450**

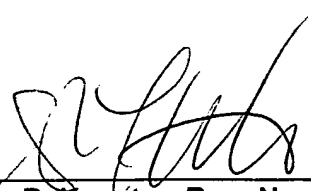
Transmitted herewith is a RCE and Response in the above-identified application.

The fee has been calculated and is transmitted as shown below

**CLAIMS AS AMENDED**

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	36 -	40 =	0	X \$50.00	\$0
INDEP. CLAIMS	7 -	8 =	0	X \$200.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$360.00	\$0
EXTENSION FEE	1 <sup>ST</sup> MONTH <input type="checkbox"/> \$120.00	2 <sup>ND</sup> MONTH <input type="checkbox"/> \$450.00	3 <sup>RD</sup> MONTH <input type="checkbox"/> \$1,020.00	4 <sup>TH</sup> MONTH <input type="checkbox"/> \$1,590.00	\$0
Other Fees: RCE					\$790.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$790.00

- ☐ No additional fee is required.
- ☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_. A duplicate copy of this page is enclosed.
- ☐ A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed.
- ☒ A Credit Card Payment Form PTO-2038 is attached in the amount of \$790.00.
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.

  
\_\_\_\_\_  
**Jeffrey R. Kuester, Reg. No. 34,367**  
\_\_\_\_\_  
Date